Provider Meeting Information

Operationalizing the new waivers

WAIVER CHANGE INFORMATION

New Enrollments

- New Enrollments into all waivers:
  - As of January 1, 2015, the PAE and Initial ISP time frames combined cannot be more than 1 year from the Enrollment Date
  - Must do this to be in compliance with federal regulations AND so we can calculate the cap properly the first year.

Cap Levels

- People in the Statewide Waiver as of the Cap Effective Day (still undetermined) will have an individual spending cap on **both** Waiver Year and ISP Year of $153,416.80
  - This cap amount will be adjusted each year
  - State Funded services are not subject to the cap.
  - Certain one-time waiver incentive payments are also not subject to the cap.
  - There is no provision to exceed the individual cap.

Waiver Approval and List Determination

- After the waiver changes are approved by CMS, existing spending and cost plan data will be used to determine which people remain in the Statewide (individual spending cap) Waiver and which people will be moved to the Comprehensive Aggregate Cap (CAC) waiver. The CAC waiver does not have an individual spending cap.
- All class members, former class members and those with services exceeding the established individual spending cap will be in the CAC waiver.

Notification Day

- Shortly after the previous List Determination, TennCare will send the required Waiver Notifications to the Service Recipients concerning which waiver they will be in 30 days later
- DIDD will burst a report to each provider of all Service Recipients associated to them based upon active cost plans.
  - It will show what Waiver the person is in and what Waiver they will be in as of the Cap Effective Date 30 days later.
    - Many will remain in their current waivers

Cap Effective Date

- On the Cap Effective Date (30 days after the Notifications)
  - DIDD will burst that same report to all providers along with the CAP numbers for the people still in the Statewide Waiver .
    - Self Determination and CAC people will not have numbers next to their names
  - It will include
    - Current Waiver Year number (What's been billed or could be billed based upon authorizations)
    - Current ISP Year number (What's been billed or could be billed based upon authorizations)
    - Current ISP Date

Waiver Enrollments

- On that same Cap Effective Date, DIDD will automatically convert/enroll people moving from the Statewide Waiver (SW) to the Comprehensive Aggregate Cap Waiver (CAC) in all systems.
  - No new PAE or ISP is required.
  - Current ISP will be allowed to run out.

On Going Information

- ISC's will get cap numbers monthly for all Service Recipients they are associated with.
- These will include:
  - Waiver Year – past, present and future (if applicable)
  - ISP Year – past, present and future (if applicable)
- The ISC's should be your first point of contact for cap dollar information
- The RO's will also have robust cap waiver information.

How are Cap Numbers calculated

- We calculate the **Maximum Billable Amount (MBA)**
  - For all periods already closed for billing in PCP (about 13-14 weeks prior to today's date and earlier) we use actual paid/pending amounts
  - For all periods still open for billing (about 13-14 weeks prior to today's date and later) or in the future we use the authorized amount of the cost plan
    - We assume you will bill 100% of the amount authorized.
  - If an entire authorization is not used and it is now closed for billing the unused funds will be available again.

Day Services – Multiple Authorizations

- For periods already closed to billing (about 13-14 weeks prior to today's date and earlier) we use actual paid/pending dollars for Day Service claimed
- For all periods still open for billing (about 13-14 weeks prior to today's date and later) or in the future, Day Services are calculated using the 5 high possible claims per calendar week up to 243 per year for all authorized Day Service cost plans.

Reminder

- If services are included on the ISP that the person 'might' use – these will count against the cap!
- There is no provision to exceed the cap.

Timeliness

This cannot be stressed enough

- Timeliness of notification of service level and status changes is ***critical***.
  - If a cost plan level or service has to be amended which affects a period time that is open in PCP for billing we must void the entire cost plan back to the start date and you have to rebill. (Cost Plan Voids)
  - Especially towards the end of a Waiver Year and end of an ISP Year if the rebill level is higher there may not be any cap room!
  - By policy, all services are to be defined, developed and approved proactively. Due to PCP calendar publishing and sweep schedules, there is always a grace period of 10 to 17 days prior to today's date not yet open for billing in PCP. As long as all services changes are communicated promptly as per policy no voids or rebills need to take place.

Timeliness

- Plan Review Period of 21 days.
  - Policy states that all plans are to be submitted allowing DIDD 21 days for review
  - With the new capped waiver, ISP's or Amendments submitted that are over the cap will be returned in their entirety. But the clock is still ticking!
  - It is essential that all plans be submitted in a timely manner.
  - Emergency AOD approvals are very short term and must be handled with caution

Cap Calculation Process

- As there are cost plan changes frequently
  - DIDD will calculate everyone's cap numbers nightly
  - If an authorization gets through that violates the cap, the Regional Offices will know about it within 24 hours.
  - The RO's will reach out to the ISC to work with them to bring the person safely back under the cap.